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FILED

U.S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS

OCT - 1 2018

United States District Court
Eastern District of Texas

Frank W. Rodriguez Jr.
Plaintiff

BY
DEPUTY _____

Complaint

VS

Civil
Action

Texas Department of
Correctional Justice (TDC);
UTMB Hospital of Galveston
(UTMB-HG); et al;
individually and in official capacities,
Defendants

No: 9:18cv176

Clark/Giblin

I. Jurisdiction & Venue

1. This is a civil action authorized by 42 U.S.C. Section 1983 and 1985 to redress deprivation, under color of state law, of rights secured by the Constitution of the United States. The court has jurisdiction under 28 U.S.C. Section 1331 and 1343 (a)(3). Plaintiff seeks declaratory relief pursuant to 28 U.S.C. Section 2201 and 2202. Plaintiff's claims for injunctive relief are

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authorized by 28 U.S.C. Section 2283 and 2284 and Rule 65 of the Federal Rules of Civil Procedure.

2. The Eastern District of Texas, Lufkin, is an appropriate venue under 28 U.S.C. Section 1391 (b)(2) because it is where the events of this claim occurred.

II. Plaintiff

1. Plaintiff Frank W. Rodriguez Jr., was and is at all times mentioned herein a prisoner of the State of Texas in custody of TDC. Plaintiff is currently confined in Gib Lewis High Security unit in Woodville, Texas.

III.A. Defendants of the long-standing nefarious psychological tauntings, stagecraft, starvings, and ESD tactics.

1. Lieutenant Governor, Don Patrick. Legally responsible for the safety of all state citizens, including protecting prisoners from nefarious long-standing practices resulting in death.
2. TDC, individually and as entity, as an establishment for manufacturing nefarious practices, legally responsible for protecting all inmates

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from long-standing nefarious danger, practices.

a) Regional Directors, Tony O'Hare; Assistant Director, Tracy Hutto; Assistant Director, Matthew Gross. Legally responsible for operations and welfare of all inmates of prisons regionally.

b) Superintendent, Clint Carpenter. Legally responsible for managing and organization and welfare of inmates of prisons regionally.

c) Defendants at Gib Lewis High Security.

(i) Senior Warden, Tommie Haynes; Assnt Wardens, Kenneth Hutto, Billy Thompson, Tod Allen. Legally responsible for operations of GLHS and welfare of all its inmates.

(ii) Majors, Patrick Coleman, Irma Fernandez. Legally responsible for the operations, and welfare of all inmates at GLHS.

(iii) Captains, Terry Andrews, Heather Glover, Bobby Griffin, Tony Mason, Mohamed Touhami. Legally responsible for daily operations, conduct of officers, welfare of all inmates.

(iv) Lieutenants, Dwight Blackshire, Trey Chenyworth, Gregory Cheney, Jonathan Reynolds, Daniel Johnson, Diego Lopez,

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Michael Roark, Angela Smith, Winston Thompson, William Webb, Odell Bankers, Corey Valdez. Legally responsible for daily operations, conduct of officers, welfare of all inmates.

(v) Sergeants, Timothy Adams, Brandy Armstrong, Jeremiah Baker, Joe Collins, Brently Cox, Clinton Davis, Ralph Figgs, Joshua Gilley, Misty Harkrider, Samuel Horn, James Hughes, Sheila Janot, Grant Jones, Kimpton Lewis, Charles Mann, Kiyo Moye, Rashaud Murchison, Miguel Ramirez, Frank Riggsby, Christopher Rogers, John Rohrback, Terrence Shaw, Billy Stanford, Landon Stewart, Jarl Wade, Jessica Williams, Brandon Wood, Yolanda Barlow, Jordan Barber, James Read, Jesse Payne, Christopher Pope, Sheila Janot, Thomas Rawls, Landon Stewart, Jarl Wade. Legally responsible for daily active operations and welfare of all inmates.

(vi) Correctional Officers, Adams: Angellica, Cedric, Jarvis, Jasmine, Julia, Tynisha, Vicki. Allen: Deconda, Destinee, Valentin, Armbulasantana. Ard: Clinton, Dakota,

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Rocky. Josalyn Arline. **Armstrong:** Justin, Dajehara, Kanetra. Eaden Ashworth. Andrew Baley. Romonia Barnes. Chezmin Barnett. **Bean:** Bryson, Stephanie. **Beatty:** Charles, Elaine. Trina Beckcom. Jacob Beckstead. Martha Bell. Steven Benthall. Unique Beverly. Richard Bledsoe. Shalynn Bliznak. August Bodle. Paula Botley. Thula Bowen. Aleigh Bradley. Susie Brewer. **Brooks:** Kathie, Neytoa, Veronica. Emmanuel Brown. Kimberly Buck. Kenneth Burgess. **Butler:** Belinda, Rodrick, Stephanie. **Byerly:** Chelnicia, Destiny. Jemairé Caldwell. Hope Campbell. David Cannon. Austin Carney. Joanna Carosi. Eric Carrington. Debria Carter. Nathaniel Castillo. Mary Castle. Estefany Castorena. Dale Chandler. Juanita Chatham. Jason Clauder. Sarah Cloyd. Toni Coffman. **Collins:** Ramonia, Randy, Teresal. Leanna Combs. Latoya Cooper. James Crosby. Cynthia Cumbie. Amy Cumo. **Davis:** Clinton, Johnny, Michael, Sarah, Tyrone. **Dean:** Jesse, William. Willie Dearmon. Michael Dees. Timothy Dennis. **Diggles:** Eska, Sherry.

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Karen Durdin. Donald Edmonds. Robert Edson. **Edwards:** Brenda, Steven. Jessica Elder. Timothy Erath. Tyler Eriksen. Alexis Eubanks. Kobi Evans. Angela Flores. Christian Flournoy. **Ford:** John, Bradley. Decia Forward. Erica Fowler. Joseph Foxworth. Jeffrey Franklin. Heath Fuller. Susanna Garcia. Cornelia Garret. **Gatson:** Darren, Kevin, Kristi. Lakresha Gilder. Dustin Gober. Lisa Goldsborough. **Gooch:** Carolyn, Deanna. **Gore:** Betty, Jimmy. **Grant:** Amber, Elexus, Nakeeja, Ruby. Christopher Gray. Harrold Gregory. Sheila Gunn. Darryl Hackemack. Anthony Hackney. **Hadnot:** Anthony, Carol, Clarice, Gabriel. Decamesha Hafford. Vanity Hale. James Hall. Bradley Hardin. Christopher Harrell. **Harris:** Aaron, Katisha. Chad Haskett. Lee Hawkins. Andrea Haynes. Daniel Hearn. Cathi Henry. **Hernandez:** Cori, Manuel. Jasmyn Hilton. Lorrie Hines. Tanira Holman. Terence Hopkins. Deakra Horn. **Houston:** Kerry, Montavius. Kerri Howard. **Howell:** David, Linda. Jennifer Hubbard. John Huerta. Tempest Hughey. **Humphrey:** Diane, Latashia. **Hunter:** Debreon,

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Lashanda. Albert Irby. Tammy Jacobs. Anthony Jenkins. **Johnson:** Chadwick, Jaclyn. **Jones:** Michael, Shakora. **Josey:** Carolyn, Johnathon. Derrick Kenebrew. David Kiefer. Theoni Kirkgard. Brandon Koonce. Michael Kosturko. Dipeshkumar Lad. Yancey Lane. Ethan Lauber. Naomi Law. **Lee:** Donna, Patricia. Zeola Lewis. Denise Lilly. Garrett Loechel. April Love. Timothy Lynn. Tamar Marcotte. William Martin. Joseph Mayer. Dentaisha Mays. Craig McCaleb. John McCormick. Georgia McDaniel. Makisha McFarland. Chad McGee. Joey McKee. Cotera McNeal. Sherrred Medina. Bobby Menefee. Tina Metoyer. Crystal Midkiffrenfro. Victor Mijares. **Miller:** Meagan, Robert, Ronny, Trevor. Joshua Mills. Detra Monroe. Daniel Montgomery. Sean Morris. Charles Mott. **Moye:** Megan, Theola. **Myers:** Kalandra, Sandra. Sonja Nash. Danny Newcomb. Benjamin Newman. Milton Odom. Sharon Oleary. Lonnie Oliver. Aaron Ortiz. Lottie Parks. Jeremy Parr. **Pate:** Rhonda, Ronny. Karla Peck. Tyler Pennington. **Perkins:** Dildred, Jordan, Khalona. Dennis Perry. Steven Pierce. Sara Pittack. Dandre

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Powell. Rebecca Prewett. Kimberly Pride.
Leeland Pruett. Steven Reece. Scott Reed.
Gerard Rhodes. **Rigsby**: Charmaine, Deundrea,
Shrayah. Makayla Riley. James Roach. Aren
Roberts. **Robinson**: Karen, Kyla. **Rodriguez**:
Ricky, Margarito. Adrian Rollins. Cory Rutherford.
Jesse Samuel. **Scott**: Kenya, Laura, Roda.
Scroggins: John, Shannon. James Steen.
Stewart: Earnest, Kevin, Philip. Denise Stout.
Yolonda Surrin. Charles Taggart. Angela Telford.
Thomas: Janice, Phillip. Sonya Thompson.
Richard Todd. **Traylor**: Keelan, Laprecious,
Linda, Mariah. Virginia Trimble. Caster Tukes.
Cheryl Turner. Laura Vann. **Vincent**: Hailee,
Stephen. Devin Wade. Brent Watkins. **Watts**:
Everlena, Vann, Willie. Cynthia Weaver. Ladonna
Haynes. Earl Wheeland. Jared Whitaker. Minnie
White. James Wilder. **Williams**: Darrell, Keshia,
Kisha, Marvin, Patricia, Robin, Shelia, Timothy.
Lance Wilson. Edgar Winfree. **Wininger**:
Indea, Kevin. Kandice Winn. **Wise**: Ann, Danny,
Dorison. Skye Wood. Joshua Woods. Lois
Yancey. Zachery Young. Deborah Zumwalt.
Victoria Zunker. Including past officers
retrograded 2014, and present.

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(vii) Regional officers, John Doe, John Doe II, of July 19, 2017.

(viii) Mailroom clerks, Wanda Alegre, Katlynn Arrant, Demia Barlow, Glenda Brandin, Mary Cook, Bridget Fowler, Kayla Grimes, Pamela Hall, Vicky Hamilton, Ashley Nolley, Erika Pate, Johna Puentes, Cheryl Rachles, Mary Steinecke, Selma Stone, Kayla Turner, Delana Vinson.

(ix) Counsel Substitute, Melinda Cunningham, Ashley Dove.

(x) Commissary employees, Lana Lee, Terrence Hawthorne, Michelle Barrows - Manager.

(xi) Maintenance employees, Thomas Dominy, Erik Ellington, Gary Gregory, Johnie Irby, Randy Norsworthy, William Owens, Audie Snider, Darrell Thorton.

(xii) Laundry managers, Tarena Beatty, Carlos Berry, Deltra Gregory, Michael Rogers.

(xiii) Chaplain, Michael Ryals.

d) UTMB medical pharmacists, Sandra Burns, Janet Collins, Maggerlean Edmond, Megan Hill, Ashely Jones, Anna Malone, Jasimine Rawls, Tarsha Rigsby, Brenda Russell.

e) UTMB mental health, Charles Fuller,

Rebecca Hill, Hannah Fuller, Virginia Beckstead, Christie Mays, Xavier Mims.

f) Estelle Unit.

(i) Date 10/3/16, thru, 10/5/16, the five David Does, working Ad-Seg.

(ii) Date 1/20/17, thru, 1/27/17, the ten Terrence Does, working high security F-wing. And commissary lady who entered wing on 1/20/17.

(iii) Warden, LacoX, legally responsible for operations of Estelle, and welfare of inmates.

g) TDC officers at UTMB-HG

(i) Date 10/4/16, both Carl Does, working second floor inmate holding cells.

(ii) Date 1/23/17, both Jane Does, and Carl Doe, working second floor inmate holding cells.

h) Wynne unit. From 6/1/12, to 1/30/14.

(i) Warden Mayfield, legally responsible for operations of Wynne, and welfare of inmates.

(ii) Major Jenkins, Captain Pansy, and Lieutenant Rodriguez, legally responsible for daily operations and welfare of

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inmates.

(iii) Sergeants Jefferson, and Smith, legally responsible for daily active operations and welfare of inmates.

3. UTMB Hospital at Galveston (UTMB-HG), individually and as entity, as an establishment condoning nefarious psychologically despairing taunts and tactics, legally responsible for protecting the welfare of all patients.

a) Dr. Joseph Penn, is Director of UTMB's entire mental health departments, and legally responsible for the welfare of all the departments patients, and the conduct of its clinicians.

b) Executive President, and Vice President, legally responsible for the policies and practices of UTMB.

c) Re-instating practices of UTMB employees at TDC.

4. All individually and in official capacities.

III.B. Defendants of Dental deliberate indifference colluding with GLHS's industry insulation to ostracize P.

1. Practice Manager, Kent Dickerson, legally responsible for clinical operations,

and maintaining efficiency of appointment attendance.

2. Dr. L. Garcia D.D.S., legally responsible for performing all dental evaluations and treatment while upholding executive policy.
3. K. Mallett, Periodontist, legally responsible for performing evaluations and perio-cleanings while upholding executive policy.
4. K. Reidinger, A. Stephens, legally responsible for setting the appointments and rescheduling.
5. Step II Medical Grievance Division, legally responsible for maintaining executive policies, and intervening malpractice.
6. All individually and in official capacities.

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IV. The Facts - The collective industry practice of stagecrafting psychological symptoms, inflicting 'ESD-PSE', perpetrating collusions of depredations to incite 'psych-patient castellation', induce parasomnia behaviors, conditioning 'gay' complexes, and turning psych-patients into malicious entertainment to provoke suicidal ethos.

A1. Preamble

a. We are the most social species, we are also the most violent. We have two faces, declaims social neurologist Jean Decety at U of Chicago. (1). This anagnorisis (recognition of truth through discovery) was luridly ratified in 1960 when Stanley Milgram of Yale U asked sympathetic participants to administer electric shocks to another person simply for failing to answer questions correctly. In each instance the voltage became dangerously high; simply by prodding from a man in a lab coat. There is an extreme willing-

ess of adults to go to almost any length at the command of authority, said Milgram. It's this willingness that has proselytized a mass code of industry insulation practices among prison officials against a defined target. Former U.S. Senate official, Gregory Stanton, founded Genocide Watch - a non-profit dedicated to preventing mass genocides. He identifies the proselytizing stages of the collective incentive that makes once decent people deflect to committing murder. It starts when group leaders define a target as 'the other.' Claiming it as a threat to group self-interest. Discrimination follows, soon the group characterizes the target as subhuman, eroding group empathy for the threat. (1). [1. Nat. Geo. p.117. Jan. 2018].

b. This complaint reductively unveils the stark nefarious practice which Texas prison (TDC) has furtively hidden from public domain. A practice more traumatizing than aggravated physical assault to the recipient. A

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practice used across detentions globally for the uncanny neurological effects it can produce. A practice held enshroudin-
gly sacred for the effects which can be manipulated to create a sinister illusion of control from neurological breakdown which can also induce para-somnia behaviors. The same practice used by intelligence agencies as CIA, DIA, and Army Intel for that purpose. When prison collectively identifies a sub-human threat, such as it did to Plaintiff (P), it will use this furtive practice as corrective measures, or comeppance, or decimation - as with P. This practice and knowledge of its effects is so established in solitary prison that mockingly simulating the effects has long-standedly been the daily disport. In prison, officer's cultivated conduct is often to use methods not leaving physical signs when harassing or retaliating. In the event a significant threat is identified, such as P-for a bad attitude and a serious snitch, this no-hands pract-

ice is to induce psychological breakdown by inflicting the well known psychological side effects of extreme sleep deprivation (ESD-PSE) which can produce acute hallucinations, delusions, and psychosomatic disorders. And in context to totality of tactics, even result in parasomnia behaviors that can be conditionally evoked from the trauma of stress complex purposely created from repetitive expectation. Then, incessantly stagecraft simulations skillfully instrumented to emulate and mimic the well documented disorders of schizophrenia to intentionally exacerbate, to intentionally induce permanent psychosis, and intentionally duress suicidal ethos. TDC's effort to manufacture these simulations is furiously vast. In high security, prison personnel and inmates turn the target of hate, as with P, into a complete malicious game. These crafted simulations are meant to incite despairing breakdowns and castellation repulse by skillfully constructing a systrophe (accumulation of repetitious words)

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of rhetorical tauntings, threats, and hallucination simulations ad hoc depredations. In absence of a Mark - as the target is often called, these simulations are somewhat generic to affect the enclave of mentally frail inmates, but when a Mark is considered a threat, such as filing a lawsuit, all the nefarious tactics are specifically directed at him. Intended to incapacitate him physically, cognitively, psychologically, and emotionally. In P's circumstances because he was 'snitching' by planning to expose this malicious practice and its well known uncanny effects, the intent has been to dispose of the expendable by 'letting him hang himself.' This intention is luridly evidence by TDC systematically conspiring to inflict these 'hang yourself' tactics across facilities onto P; knowing the pathopoeian (violent creating of emotions and imagination) subversion of ESD-PSE which causes Persecutory and Referential delusions that proselytize a 'death is imminent - fate ordained by God' pathopoeia; and the lethal physical

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pain of ESD. This invidious practice of inflicting psycho-physio distress from ESD produces very unusual psychosomatic symptoms which culminate in high security confinement. Research is well documenting that stress, anxiety, bio-psycho-social factors, and unresolved psychological trauma can convert into physical manifestations, called psychosomatics. This research symbiotically propagates that in remarkable cases the conversion of psychosomatic symptoms are mesoscopically a conditioning of expectation. [Refer to 2nd Report (2R) indexed as ESD-PSE - Matthew's self conditioned paralysis. p.3 of Pro]. It shows that when enough stress and expectation emulsify significantly in the mind from a pattern of repetitive conditioning, even subconsciously, it can result in conforming neurological behavior. It's this knowledge which high security enshrouds sacredly. At greatest permeability it can result in conditioning of parasomnia behaviors, and a trigger-mimicry phenomenon. Along with turning the

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entire environment into a proscenium of auditory hallucination simulations, prison officials (and inmates) turn these somato disorders and parasomnia behaviors into pernicious games of 'I control you.' At first inculcating that it's by their use of technology, then when P heuristically discovered neurogenics, prison personnel then blatantly derided "Reality Frank Rodriguez. You're just a neuro-bitch. Your brains just responding. Cuz you're a bitch." That a person's brain can ultimately be conditioned (if exhibiting the right "psych-patient" prerequisites) to evoke responses with a steady-state of external docile confluences is discreetly conveyed to new personnel as a folklore of traditional custom. P being a remarkable paradigm of this conditioning only further virulently pullulated 'the folklore,' and Gib Lewis High Security (GLHS) personnel's (and inmate's) impulsion to "activate the wiring." P being a remarkable paradigm made P a systemic threat for revealing these CIA tactical secrets.

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c. In order to fully understand each integral part of these sadistic practices and methods, this complaint defragments the aesthetics into individual elements in-order to capture the gross effect, weight, and application of each. To properly synaesthesize (provocative assimilation from the senses) how all these tactics grossly affect the subhuman target in the totality of turning the entire environment into a constant procession of conductive non-stop decimating psychological systrophe meant to traumatize, incapacitate, and immolatingly decay the target, as themes, tactics, disparagements, and depredations segue from the dynamic flux of 'at the moment momentum' from guards, personnel, and inmates. All these malevolent perpetrations of harassment, retaliation, degrades, promotion of suicide are far more than just verbal or psychological abuse. Aggregated at this magnitude within the static position of a cell, the mind

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hydrodynamically pathopoeianizes it as legitimate auditory hallucinations. Even in a lesser magnitude than inflicted onto P, or without the Persecutory and Referential delusions, pathopoeianized as death is fate.

d. Along with defragmenting the malicious tactics, the psychological systrophie, the virtual reality simulations of auditory hallucinations, the intentional practice of depredations to incite "psych-patient castellations," this complaint also litigates the campaign of retaliation from dentistry, commissary, and disciplinary cases and property destruction which were industry contagions to stop P from snitching and filing suit.

e. All the acts, motives, cues, direct name disparagements, depredations, provoking of suicide, stigmatizing and imposing target fixation, stagecraftings, are all inflicted as comeuppance and retaliation with the intent to let P hang himself for being a snitch, a writer, for writing, studying literature and

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neurogenics to explain the trigger-mimicry phenomenon and parasomnia behavior conditioning, for studying law, for filing civil lawsuit 9:17 cv 74, for writing this lawsuit and declaratories, for seeking a publisher to publicize P's experience of the conditioning effects under ESD-PSE, and most nefarious - simply because P is 'the conditioned bitch,' or as guards say it, "cuz you're live Frank Rodriguez."

A2. Extreme sleep deprivation (ESD) induction with the malicious intent to inflict its well known psychological side effects (PSE. Collectively ESD-PSE). In this complaint ESD-PSE embodies those experienced by P which is Persecutory and Referential delusions, and the incapacitating cognitive suspension and intoxication suffusion both which attribute to the mimicry effects. All intentionally inflicted to condition Evoking Parasomnia Behaviors, trigger-mimicry effects, and turn 'the threat' into a malicious

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game.

1. Plethora of ESD research confirms nearly everyone subjected to more than a few days of consecutive ESD by induction (forced) will suffer any or all of the fiendish psycho effects. These psycho ESD symptoms range the entire scope of behavioral stereotypes, major depression, emotional and behavioral capriciousness, mania, bipolar disorder, paranoia, dysphoria, illusions, visual and auditory hallucinations, suicidal proclivity, mood-congruent themes, and delusions.

a) ESD also results in extremely excruciating physical and neurological pain from exhaustive inflammation and continual subjection to the ESD ~~tactics~~ tactics. This lethally excruciating pain is not profusely documented in humans but none the less evidenced. Prison and solitary compound this pain, not noted in research. [Refer to First Report indexed as Solitary (1R)-Antonio Domino hangs himself from ESD

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exhaustion inflicted onto him, in Solitary. p. 26 of 33. Jim Horne's resolve on ESD physical collapse. p. 27 of 33].

- b) ESD-PSE neuro inflammation is also the primer used to condition Evoking Parasomnia Behaviors (EPB), and other psychosomatic symptoms such as stinging all over the body. [Refer to 1R - stinging and twitches. p. 11 of 33 ; 2R - P's stinging conditioned by others creating repetitive expectation. p. 53 of 59].

2. Research of ESD-PSE onset:

- a) Gryglewska in his research, Consequences of Sleep Deprivation, promulgates in Table 1, Causes of Insomnia, p. 96, that ESD prolonged several days is only from experimental conditions or torture; which quickly produces:

(i) In Table 2, Symptoms, p. 97, by the third consecutive day of ESD resulted in capriciously castellative behavior and emotions.

(ii) By the fifth day, symptoms all intensify, reasoning decimates, visual and

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tactile hallucinations, delusions, suspecting someone is attempting to murder him is a characteristic syndrome at this stage.

(iii) By the sixth day, resulted in no longer being capable of interpreting reality.

(iv) Page 95 edicts that even a chronic reduction of sleep - or significantly fragmented sleep - of several days can cause all these pathological states mentioned.

(v) Page 104 edicts ESD-PSE can be bidirectional once the relationship of cause and effect intensify. PSE is induced by ESD, and consequently PSE induces ESD. A cycle that can be difficult to stop, especially if the person does not know ESD is causing the PSE.

b) Coren's research in Psychiatric Times not only confirms the universal edict of ESD, it also adds emphatic symptoms exploited by guards (and inmates) in solitary confinement:

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(i) By the fifth day the subject had more hallucinations, half of which were 'hypnagogic' reveries - flurries of vividly lucid daydreaming. Which guards and inmates turn into an exploitative malicious game of 'delusions of control' with skillfull flashing techniques to emulate thought insertions and mind reading hallucinations.

c) This research is also explicated in 1R, and listed in its citation pages.

3. All the ESD-PSE (essentially Schizophrenic) symptoms are exploited by guards and inmates (collectively Grd-Inm) in solitary confinement as malicious game simulations in generic forms. If there is an inmate with legitimate psychosis, all the hallucination and tormenting and ridiculing are often directed at him as entertainment to "get the psych-patient to react." If considered a major subhuman threat or bad attitude, as P has been Systemically stigmatized, the ESD-PSE are inflicted intention-

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ally to turn him (as P) into the direct object of hate, and unleash scalar hallucination and tormenting and ridiculing and suicidal provocation *Systrophe*; and their main proclivity of disport.

a) There are specific hallucination and delusion symptoms common to ESD-PSE (those of schizophrenia) that Grd-Inm exploit. Incessantly in high security (HS).

(i) Persecutory delusions are most common, feeling he is being tormented, followed, tricked, spied on, or ridiculed. It is infact what Grds and prison personnel simulate in HS. In P's circumstances - systemically, the entire GLHS unit, including other units. Grd-Inms tormenting, taunting, ridiculing, and stigmatizing P incessantly - minute per minute. (Especially from 2014 to end of 2017. At present - mid 2018, it has reduced only by a third in volume - not participation). These

Specific delusions are what Grds (and Inms) exploit the subhuman into 'psych-patient castellations,' conflated with mood-congruent capriciousness. And impose suicidal ethos from the gravity of scalar participation.

- (ii) Referential delusions are also common; the person is nuclearly proselytized by gestures, comments, passages of books, newspaper, anything emphasizing, correlating, collating a theme - usually negative, and even environmental cues. Especially from repetition, perceiving the cues as supernatural or demonic fate. (This depends on degree of conviction, especially from ESD. P's 'conviction' was electroporating (cellular hydrodynamic transfection by electric stimulation) from 2012 to early 2017). This specific delusion is exploited by Grds (and Inms) to electroporate the greatest amount of fear and despair by sinisterly manufacturing cues,

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gestures, comments repetitively to convince the object of hate into believing God or the devil is directing fate. This is mainly why Grd-Inms chant proselytizing cues, literally day and night; you're gay, death, you'll get whooped, don't come out your cell, etc. In the event of a subhuman, as with P, it all gets direct at him by name. This specific delusion is the one exploited to proselytize a 'gay' complex as if God ordained changing sexual preferences, and to provoke immolating suicidal ethos as if God fated immanent death; as with P.

(iii) Thought Insertion and Delusions of Control are also common symptoms of Schizophrenia, so putatively ESD-PSE. Fortunately P did not experience these symptoms. But these symptoms are perpetually simulated in HS by Grds, personnel, and Inms. Using skillful techniques to flash hypnagogic reverie stimuli, then moments later pronounce the scripts, and simulate

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linear narratives of the subhumans activities. These symptoms are one of main reasons the trigger-mimicry effects and possibly the conditioning effects of EPB have never been exposed; fear of disbelief.

(iv) Auditory Commentary and Command Hallucinations are also common to Schizophrenia, so putatively ESD-PSE. Fortunately P did not experience these symptoms. But these two symptoms are also incessantly simulated in HS by Grds, personnel, and Inms in a somewhat generic form often using the skillfull techniques of flashing. Also, nefariously directed at the subhuman, as with P, to create, induce, and exacerbate symptoms, despair, and suicidal ethos. [The research for this subject are listed in 2R citations p. 7 of 8]

(v) Another extremity of ESD is that alone, independent of all the malicious tactics inflicted onto P as systemic comeuppance, increases completed

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Suicide (terminal act of suicide) by a minimum of 34 percent. Conflated with having endorsed nightmares the subject was more than 57 percent fastened to complete suicide. This increase of completed suicide from ESD is attributed to Serotonin. One of two neurochemicals regulating sleep, and responsible for prompting and modulating behavioral states.

Reduction in Serotonin synthesis dysfunction playing significant role in conferring suicide cuts across psychiatric conditions. [Sleep disturbances and suicide risk. Neuropsychiatry Dis. Treat. Web: ncbi.nlm.nih.gov] Stuart Grassian, formerly of Harvard Medical School, interviewed hundreds of Inms in H5 finding a third acutely suicidal. A 1995 study found 63 percent of suicides occur in solitary confinement. [Both statistics composed from California prisons. Web.]

(vi) Concomitant with the clinical depression, post traumatic stress,

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emotional pain, mental anguish, and even physical pain induced from being the systemic object of hate incurring daily deluges of tormentings, tauntings, suicidal provocations, and depredations by direct name for the past five years, P's suicidal risk has been immanent; over 100 percent.

Further electroporated by ESD-PSE Persecutory and Referential delusions intentionally inflicted by Grd-Inms onto P for that purpose.

(vii) When labeled a threat or snitch to industry incentive will cataclysmically pullulate Grds and prison personnel to malevolently provoke completed suicide by using colluding deluges of torments, tauntings, depredations, suicidal evocations, and the other psychological torture tactics described in this Complaint. Inmate Jamie Wallace was found hanging in his cell just days after testifying in federal court about mental health care deficiencies in Alabama state.

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Wallace testified that in response to efforts of harming himself a Grd gave Wallace a razor. [Prisoner who testified... found dead of suicide. Dec. 2016. Web: al.com] There is no doubt Grds, and even prison personnel, unleashed a deluge of tactical tormenting ridicules and disparagements including suicidal cues that caused Wallace's demise. In a cognitively capitulating disposition as prison even without ESD-PSE or active psychosis the deluges of directed taunts are despairingly lethal. As it is to P.

b) Due to the perpetual intention of inflicting ESD for over 5 years onto P. He has also sustained severe physical deterioration well documented in ESD research:

(i) Severe cognitive tardiness making it nearly impossible to complete activities without losing track of the activity. A symptom called lapsing, where there will be several seconds of consciously cognitive response,

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completely 'spaced-out,' erupting erratically 6 to 9 times per hour. Severe from late 2012 to mid 2017, still presently moderate.

(ii) Inability to read or comprehend, or speak, or form thoughts. Making it impossible to express P's emotional, mental, and psychological pain to family or authority; and impossible to explain the systemic collusion of turning P into a stagecraft of malicious tactics for their retaliative disport. This decay is more linearly consistent with pulses of lapsing making it worse. Severe from late 2012 to mid 2017, still moderately present.

(iii) Vision refractory that severely diminished P's ability to read or do any visually dependant activities even with corrective lenses. Only a very narrow focal point in the center field of view was blurringly perceptible. Severe from 2015 to late 2017, still presently moderate.

(iv) Significantly sustained asthma which made respiratory difficult, quickly

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erupting into breathing attacks during mild activity. Severe from late 2014 to early 2018, still moderately present.

(v) Dangerously sustained high blood pressure which severely affected P's health. Severe from late 2012 to early 2017, still presently moderate.

(vi) Heart disease catalyzation, though difficult to lucidly determine accrued effect without an MRI, at the severity of ESD, the extent of over 5 years, its documented diffusion is a significant injury to P.

(c) In context of P being the direct object of systemic hate, and ESD being a primer of incapacitating torture continually inflicted to desist P from all activities, he is continually subjected to exacerbation of all symptoms listed under A2.3, specifically A2.3.a.v, vi, vii, b.

4. ESD used to induce Evoking Parasomnia Behaviors (EPB), and the trigger-mimicry effects of steady-state evoking

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potentials. This induction of EPB is one of primary reasons for inflicting ESD, and if the conditioning of EPB permeates, it is the primary reason you're, as P, labeled gay.

a) Research on parasomnia, sleep behavior, canons that it can result from stress, sleep deprivation, a more serious sleep disorder, or chemical and bioelectric dysfunctions in the brain. Parasomnia behavior is not unusual. A developing dossier already records autonomous parasomnia such as sleepwalking, sleep driving, purchasing items off the internet, all which elicit a significant amount of meta-kinetic awareness and intelligence. [Refer to 2R-parasomnia and citations p. 41 of 59].

b) Psychosomatic investigations metascopically documents that significant inter-conscious, or subconscious, expectation can eventually 'train' the brain's neural circuitry to condition the corollary expected response. [Refer to 2R-Matthew's own inter-conscious conditioning. p. 2 of Pro].

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- (i) This expectation would compound from the mass steady-state conditioning tactics under ESD-PSE by Grd-Inms.
- c) At ESD apogee there is a permeable dysfunction of the brain and neural system (BNS) produced by inflammation and irritation which assimilates a portion of tropistic external evoking potentials as innately evocated.
- d) A cohort of percipient Grd-Inm, and prison personnel take this long-standing empirical knowledge to try conditioning parasomnia to evoke by importune, using this concomitant knowledge of ESD-PSE mimicry effects.
- e) As Grd-Inms collude to inflict ESD apogee till BNS reaches greatest permeability of inflammation, the tension is applied continually and only released at moments a basic prompt is given. This expectation conditioning is concentrated when BNS shifts predominantly to Theta-wave state when falling asleep. The process perpetually repeated until it subsumes, being acrid to impose the

expectation. Often externalized
"Till I have complete control of you
Frank Rodriguez. Till I have you talking
all night," by narcissistic Grds.

(i) Not much more astounding than conditioning a bee to move a ball to a specific location to receive food, or a monkey to control a mechanical arm to grab objects by using only his thoughts, or a dolphin to inflect pronunciation of words.

f) Over the past 5 years P has been conditioned to sleepwalk profusively every night. EPB at this severity is attributed to a more significant sleep disorder. This conditioned EPB disorder manifest in two forms. Autonomous and evoked. EPB engages in intelligent conversation with anyone. Grds-Inms EPB to acquisition very personal facts from P while asleep. Then use all those facts to nefariously craft tauntings, ridicules, and hallucination simulations. Sclarly.

(i) While it's difficult to definitively defragment, there is without doubt

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evidence that at least half of P's EPB is of answering very personal questions. Often evidenced by the direct ridicules, mockings, and tauntings from Grd-Inm when P awakes.

Maliciously blatant to repeat all the personal facts detail by detail, adding P's name to all of it.

(ii) Also evidenced by the cynical derisions made by a large number of Grds.

"Tape your mouth shut at night Frank Rodriguez (FR) cuz you're gay. Learn not to talk in your sleep FR, it's making you gayer. That's how much I control FR, I can make you talk in your sleep," while repeating the facts and even dreams.

(iii) Grd-Inms turn any and all facts, comments, phrases, expressions P says from EPB into malicious hallucination simulations and tauntings. P answers questions about previous day's activities, thoughts, and activities planned for the following day. Questions about details of the stories read, and

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writings, and even intentions of activities. All turned into despairingly immolate taunts and simulations.

(iv) Over the past 5 years Grd-Inms have acquisitioned what accumulates to P's entire life. More nefarious is that all P's EPB disclosures are intentionally disseminated from Grd to Grd to personnel, and Inm to Inm; and memorized solely to torment P by perpetually mocking, ridiculing, and deriding the disclosed facts all day, and night. A tactic to oppress P, to incite 'psych-patient castellation', to induce suicidal ethos, and desist P from all his activities for all reasons listed in A1.e.

(v) There is enough evidence to support that P even does various activities while asleep at the importune of Grd-Inms. This depends on degree of ESD, which is why Grd-Inms collude to keep P at a 'controllable' ESD degree.

g) The autonomous version of EPB will manifest in a cartoonish, or gayish, or impressionistic of others. Partly why

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you (P) are stigmatized and inculcated as gay, and as the bitch. [For radio-broadcast reference of this particular disorder view: [web: npr.org/podcasts/510307/invisibilia](http://web.npr.org/podcasts/510307/invisibilia)].

h) ESD in combination with expectation, stress, hallucination and reverie simulations are also used to influence dream script. The magnitude of conditioning, expectation, and the permeability created, literally induced by Grd-Inms inflicting constant deluges of derisions of "you're gay, aho, a punk," and crafting "I have control" simulations of reverie stimulus all directed towards P has greatly affected his dreams for the past 5 years.

(i) At ESD apogee these dream-script complexes can become almost linear in narration to the directed commentary of caustic gay narratives being segued at P while asleep. This knowledge of mass crafting of expectation, complexes, and simulations under ESD-PSE is why many percipient Grds (and Inms) will narcissistically declaim

their ability over the subhuman target (P) with "I'll have you sucking cock. I'll have you gayer by tomorrow. I'll send you home FR," etc. All declaimers of maliciously influencing your (P) dream script with the ambit of tactics. Both Grd-Inms try sustaining ESD apogee to keep this dream script influence, to inflict gay dreams and other negative content.

- (ii) However, under the magnitude of malicious tactics of scripting dreams and control simulations, even if recuperating sufficient sleep the dream influence is still effectual (albeit more fragment) because of the practice to perpetually inflict the simulations in mass participation. In this instance Grd-Inm declaim "We're losing control of him," to allude inflicting more ESD.
- (iii) Refer to 2R - incidences and complexes inflicted to initiate conditioning of gay dreams. p 27 of 59].

A3. Vector of prison personnel participation

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to inflict ESD-PSE, to castigatingly inflict malevolent degrades, tauntings, psychological oppression, stagecraft 'demonic fate' exploiting ESD-PSE, and provoking of 'psych-patient castellation' to conspire justification of disciplinary cases as retaliation inclusive of A1.e. Consequently turning P into sinister entertainment. --

a. In the crowd one feels no responsibility or no fear. It is only necessary for something to happen, an instance of proposal backed by the whole crowd, for all to be for it even if the proposal is immoral. Drawing everyone under its spell. - C.G. Jung
[Archetypes and Collective Unconscious]

b. It's not a few bad apples, it's a bad barrel. - Philip Zimbardo, renowned social psychologist of the Stanford Prison Experiment as he testified in the infamous Abu Ghraib prison trial as experts debated if the prison environment corrupted the several guards convicted of nefarious abuse.

1. Wynne unit general population (GP).

April 2012 to March 2013.

a) Starting before April 2012, the majority of Grds and medical personnel stigmatized and defined P as a bad attitude, the subhuman threat, for having to consistently expostulate deliberate indifference from several practitioners and the practice manager. The Grds pernicious motive to inflict ESD-PSE pullulated further when noticing P started researching law to file a claim on medical, and when realizing P's intrinsic avid perspicaciousness to study writing and literature.

[Retaliation motives inclusive of A1.e.]

b) By April 2012 the collective industry insulation to define P as the subhuman threat initiated the nefarious ESD tactics to induce the well known ESD-PSE effects of Referential and Persecutory delusions [Refer to A2.3.a.] with the malicious intention to repress P into 'psych-patient' breakdowns and reprisal, colludingly conspire by encouraging Inms to perpetrate incidences.

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to force capitulation to turn P into 'someones punk or bestfriend' by testing P's ability of intractable reprisal to remain independent; and the conditioning of EPB. [Refer to 1R - Wynne GP Grds staging reprisal cues to exploit ESD-PSE. p. 5 of 33, 9 of 33 ; 2R - Wynne GP Inms perpetrating rape of P. p. 33 of 59].

(i) The intended ESD-PSE Referential and Persecutory delusions manifested electroporatingly by August 2012 diminishing late 2016. Irradiating with each external cue intentionally applied malevolently. [Refer to A2.3.a.ii.]

(ii) At this point Grd-Inms also conspired to condition common psychosomatic symptoms by creating a constant evoking expectation of the symptoms - various stings all over the body. [Refer to 1R - percipient Grd-Inms evoke expectation with perpetual steady-state cues. p. 12 of 33; 2R - permeable effects of ESD-PSE. p. 10 of 59].

(iii) Grd-Inms then malevolently exploit ESD-PSE by repetitively amplifying 'supernat-

ural-demonic fate' with repetitious cues and perpetrating incidence meant to proselytize doom, death, suicide, being gay, catching HIV, getting on a diet or starving yourself, and learning to fight or get raped by perpetrating incident after incident - daily. While externalizing "I have complete control of you" to sinisterly exploit suicidal ethos from the immolating fear irradiated from the trigger-mimicry effects of ESD-PSE. In most instances always adding P's name to fixate targetization, or iterate circumstances of being the victim; knowing the mind will autonomously qualify itself.

- (iv) One premeditated motive of imposing fear of remaining in GP is to scare you (P) into solitary so that the psychological tactics and depredations can be imposed at greatest intensity. The second motive is to have you (P) commit reprisal, or a 'free-world' criminal charge, to pretextually justify the assignment to solitary.

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- c) From April 2012 to March 2012 about two-thirds of the Grds facilitating the wing or dorm in which P resided, participated, enacted, perpetrated, connived, encouraged to induce ESD-PSE on P, and malevolently electro-proselytise P with the repetitive 'demonic-fate' cues. The two-thirds connivance delimits the number of Grds perpetrating at check points, chow hall, showers, etc.
- d) To create a complex of mass secret cohort of dystopia Grds started disseminating to Inms much of P's personal facts from family letters, medical records, and TDC's files to torment P with mass formidable collusion fear.
- (i) This was before P was fully conditioned to talk in his sleep, later answering questions 'on-demand'. So P believes TDC obtained P's county criminal record to irradiate the malicious mass collusion of prophetic fate by disseminating it.
- (ii) All these motives, intentions, acts, perpetrations, inflicting of ESD-PSE, and its symptoms transpired in the knowledge

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of Wardens, Majors, Captains, and Lieutenants, which deliberately diverted.

e) Inm's perpetration against P for being a bad attitude and defined snitch, pullulated quickly from a handful to nearly one-fourth of the unit. Colluding with Grds to "teach Pa lesson" to "see how much of a punk P is" to "convince P of his gayness." Many of the psycho-physio perpetrations from Inms involved physical confrontation, direct threats of beatings and rape, of ending as someone's punk or bitch, getting infected with HIV; which electroporated arrantly under ESD-PSE to fight or get raped. P had no choice under the mass coercing which continually intensified but to defend himself. P's reprisal landed him in Wynne's segregation. P was colludingly evicted.

2. Wynne unit Administrative Segregation (Ad-S).
March 2013 to March 2014.

a) In March 2013 P was assigned to Ad-S because he seriously believed his life was in danger and needed to protect himself.

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Not ostensibly from the effects of ESD-PSE which were intentionally induced for the purpose, but from the collective collusion which externalized in malicious mass perpetration with the condoning and encouraging of Wardens, Majors, Captains, etc.

b) Ad-S fomented Grd's deplorable conduct to pullulate virulently from ensconce of proving accusation; and that Grds connive incidence to define the subhuman as a psych-patient. The uber-narcissism complex resulted in greater depredations, reprisal stagings, and psychological taunts from Grds. Even continuing to inflict ESD to induce PSE with the intention of perpetuating the practice of turning P into a malicious game.

(i) In Ad-S nearly all the Grds connived to continue psychologically taunting and threatening P as formidable insulation. Over half of Grds daily perpetrated depredations to incite 'psych-patient' reprisal from P, and continued inflicting ESD-PSE to keep conditioning EPB; and to have access to the trigger-mimicry

effects, which becomes cynical disport of power. In collusion with Ad-S Inms.

(ii) The Grd's daily depredations motively intended to incite reprisal from P consisted of forcing P onto a diet and starving him for being the 'bitch' (for incurring the neural trigger-mimicry effects, also called the wiring) and the bad attitude snitch. Daily Grds force P to take a veggie tray or sometimes a diet tray, often trays with missing food items. Often the perpetration was to externalize not serving P protein. Several times a week P was deprived of his medical HCS snacks so P would not eat protein. Several times a month P was starved. Often being deprived of showers and sometimes recreation. All instances being malevolently mocked, ridiculed, derided by Grds ad-hoc to incite reprisal. The derisions to torment P about the depredations would last hours. [Refer to 1R-fight for food. p. 6 of 33].

(iii) Grds continuing to inflict ESD caused extremely excruciating physical pain

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that no amount of analgesic could alleviate. [Refer A2.1.a. - ESD physical pain]. P was electroporated that the only way to stop the physical pain of ESD was to complete suicide. This physical impetus is independent of the severe psychological, mental, emotional suffering caused by the mass collusion to inflict depredations and tormentive taunts perpetually that also induced suicidal ethos.

- (iv) Grds exploited their deliberate depredations, inflicting of ESD-PSE, and their tormenting taunts to inculcate P into 'catching a free world charge,' to throw hot coffee or human biowaste onto them as reprisal to stop their malicious practices. Grds empirically know their collective perpetrations would easily provoke such reprisal, especially under the effects of ESD-PSE. Grds were turning P into entertainment.
- c) Many of the Inms in Ad-S continued in the repressive threats, taunts, disparages, and antisagogues (ultimatums) towards

P in collusion with Grds "to make the bitch bow down."

(i) To electroporate P with the 'mass secret prison practice of killing the sub-human threat' fear, Grds colluded to allow Inms to pop their cell doors open and run up-and-down the tier while inculcating threats to P that "if you come out you'll get shanked FR. Stay in your cell. We're gonna spear you," etc. P was incessantly in reprisals with the Inms. Usually having to despairingly endure Inms throwing biowaste into his cell.

d) The ridicules, derisions, threats, ultimatums daily chanted malevolently by both Grd-Inms meant to irradiate ESD-PSE to incapacitate P with the 'secret prison practice to get the hated threat to hang himself' consisted of (but not limited to):

(i) Don't eat meat, don't eat protein cuz you'll kill yourself. We control too much (meaning EPB and trigger-mimicry effects). Until you bow down. Until you're gay (meaning more conditioning of EPB and mimicry effects). You go back to GP you'll

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catch AIDS cuz you're a bitch. Cuz you're gay. Show them you're not afraid, you got to cut one of their throats, or they'll turn you more into a bitch. It's cuz you're friendly, you got to fight back. That's how they get control. These were some of the ESD-PSE amplifiers said with other more direct derisions of: kill yourself, till you cut yourself, till you're whooped FR, till you join one of us (meaning a gang), etc. If Inm (and Grds) can't provoke reprisal or suicidal ethos, then the motive is to induce more ESD-PSE and such psychological torment as to evict you (P) to Skyview - TDC's psychiatric ward.

e) P was despairingly proselytized under the circumstances that Grd-Inms were using a secret practice of mass collusion to capitulate completed suicide. The pathopoeia wasn't just from the ESD-PSE demonic-fate effect, nor from just the scalar collusion, it was also from the uncanny trigger-mimicry effects which are so surreal and permeable when

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first experiencing it at ESD apogee that you (P) are so distraught and vulnerably disgusted feeling there is no other option than complete suicide.

3. Gib Lewis High Security (GLHS). March 2014 to present.

- a) The practice of "cuz you're gay FR, cuz you're a writer, cuz you're a snitch FR, cuz you're a bitch" threats, derisions, inflicting of ESD, and conditioning of EPB along with the trigger-mimicry effects continued when P was transferred to GLHS in March of 2014.
- b) The systemic practice pullulated nearly everyone at GLHS within a couple of weeks when P's stigmatization of being the snitching threat permeated all personal. [Retaliation motives inclusive of A1.e.].
- c) There are over 400 employed at GLHS. Nearly all of them engage, antiphonal, segue, inflict, and perpetrate the psychological systrophe, derisions, ridicules, tauntings, reverse psychology, and hallucination simulations.

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- (i) This includes all Wardens, Majors, Captains, Lieutenants, Sergeants, and subordinate officers. Mail Room personnel, Legal Substitutes, Maintenance workers, and the Chaplain, and Commissary.
 - (ii) UTMB medical personnel participate just as virulently. Resident Practitioners, Nurses, Pharmacist, including the Psychologist.
- d) All Inms confined in solitary also engage, segue, antiphonal the oppressive psychological systrophe. This includes all Inms assigned to work in the high security building as SSIs (inmates who clean and assist officers).
- e) Illustrating the flux of participation to defragment scope of practice.
- (i) Warden directing high security, and the Major enter the wing, of which P is currently housed, at least once every two weeks; sometimes less, but both segue the malicious taunts, threats, and intimidation against P. [Henceforth the nefarious threats, intimidations, taunts, coercion, derisions, humiliation declam-

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atories will be collectively referenced as: "Cuz you're gay FR;" contracted as: CYGFR.]

- (ii) Captains in the past entered P's wing at least once a week, sometimes two or three times, and virulently declaimed CYGFR taunts. Now only twice a month.
- (iii) Lieutenants and Sergeants enter P's wing daily. The Sergeants at least three times per day. Both virulently deride CYGFR taunts. Both malevolently segue the malicious hallucination simulations directed at P. Lasting half an hour per event.
- (iv) All the delegate Grds perpetrate, segue, inflict the CYGFR derisions, and the hallucination simulations - all day, incessantly. The double-sided two-tier wings are facilitated by at least one Grd stationed at entrance, about half the time there will be two Grds, occasionally there will be small groups of new recruits. Throughout the day other groups of Grds and medical personnel will enter wing several times. Mail room, Commissary personnel, and the Psychologist

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enter the wing two or three times per week. All unleash deluges of CYGFR taunts, and even the hallucination simulations. Deliberately lingering up to half an hour just to externalize malevolence.

f) Systemic practice of training new recruits in the CYGFR taunts and hallucination tactics to induce, provoke, exacerbate psychosis, and formidably inundate capitulative 'co-operation'.

(i) In high security there is a 'generic form' of CYG and hallucination simulation tacticals being imposed as training onto new recruits as initiation starting on their first couple of days. The generic version of CYG disparagements are specifically manufactured to stigmatize and define anything educational or intelligent or unco-operative as 'gay,' that is, as a threat to industry incentives of insulation. It promotes being a recusant, to do things the harden criminal way by violence. The generic version of simulating auditory commentary and command hallucinations (S-ACCH) is

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also imposed as training onto new recruits as a cynical form of entertainment. Its dual purpose is to provoke, incite, exacerbate psych-patient breakdowns and reprisal. When a threat is defined, as P has been, these practices of oppression are directed at the threat. In the last 5 years here at GLHS, the new recruits are not only trained on the generic version, but specifically to oppress P by full name as initiation.

4. Estelle Unit - 2 occasions.

Evidencing systemic practice to inflict humiliating despair and suicidal ethos.

- a) On Oct. 3, 2016, P was transferred to Estelle unit Ad-S for 3 days as hold over for UTMB Hospital in Galveston appointment. Each Grd, on each shift, facilitating wing perpetrated, inflicted, segued malevolently the CYGFR taunts; using P's full name. These Grds were even using ESD-PSE 'demoic-fate' amplifiers and gestures specific to P, which are incessantly segued by GLHS Grds as a way to despair-

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ingly electroporate industry formidability. Some gestures are used systemically to induce tormentive fear under ESD-PSE or psychosis. During the serving of meals, Grds maliciously intensified the CYGFR taunts. The Grds and Inms knew and could identify P as the target. [Refer to 2R-first incidence at Estelle. p. 20 of 59].

b) On Jan. 20, 2017, (three months later) P was again transferred to Estelle as a hold over for UTMB Hospital of Galveston appointment. This time P was placed in one of Estelle's high security wings. P's hold over lasted an entire week. On this occasion, again, each Grd (sometimes two) facilitating the wing on each shift, perpetrated, inflicted, segued the CYGFR taunts incessantly. On this occasion the Grds (and wing Inms) malevolently segued: "Cuz of Ezra," as a form of S-ACCH tactic to provoke completed suicide. [Ezra is the son of the person which P is accused of parricide].

(i) The greatest symbol of systemic practice, and of inflicting depairing torment to

induce completed suicide is of Estelle's commissary lady. She enters wing only 20 minutes after P was placed into a second tier cell. Within a few minutes, as she delivers items, she unleashes deluges of CYGFR acrids and "Cuz of Ezra" suicide amplifiers, for the entire thirty minutes she resided. Her skill of flashing the sinister phrases between sentences and words was fluid, efficient, and seamless, evidencing months of perfecting practice. [Refer to 2R - second incidence at Estelle. p. 22 of 59].

c) On both Estelle hold overs, many of the Inms (those most implacable to play along) knew and could identify P, and were prepared for P's arrival. Which is how they knew to segue and chant CYGFR and Ezra acrids. Again illustrating mass systemic practice and TDC's premeditated motive to have P complete suicide.

(i) Suicide ethos is irradiately evidence by the several Inms while P was housed in Estelle's high security wing. All these Inms chanted: death, suicide, kill yourself

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evokers conflated with all the other acrid derision.

d) Commensurate of TDC's intention to evoke suicidal ethos is that they inferred P was suffering from the electroporating 'demonic-fate of death' ESD-PSE effects of Referential delusions when constructing the conspiracy. [Refer to A2.3.a. - Referential delusions; 2R-extent of ESD-PSE proselytizing effects. p. 28 of 59].

5. University of Texas Medical Branch (UTMB) in Galveston Texas. - 2 occasions

Iterating systemic practice to inflict immolating despair by TDC employees, and UTMB's practice of using the same tactics to desist and refuse treatment on patients with psychological disorders.

a) On Oct. 4, 2016, P attends a CT scan appointment at UTMB, and is placed in a solitary cell on second floor. Both Grds facilitating the cell extensions, and a UTMB pharmacist distributing medication segued deluges of CYGFR acrids; for the entire eight hours P was in the cell.

Deriding P by full name. The Grds were stationed not far from P's cell, and were unleashing deluges of the disparagements in lengthy episodic stints. The pharmacist on each of her rounds. (No "Cuz of Ezra," nor any suicidal cues were declaimed in this instance). [Refer to 2R - first incidence at UTMB. p. 22 of 59].

b) On Jan. 23, 2017, (three months later) P attends another appointment at UTMB to see a pulmonologist. Again P is placed in a solitary cell on the second floor. This time 3 Grds facilitated the cell extension. Each one ranted deluges of CYGFR acrids in lengthy periodic stints, sometimes antiphoned between one another; for the entire seven hours P was in cell. This time 2 pharmacist made rounds to distribute medications, both ranting CYGFR acrids while in hearing distance. Pertinent is that this time the Grds had included, "Cuz of Ezra, FR. Cuz of Ezra," to their tormentive taunts. Including both UTMB pharmacist.

(i) In this incidence, all 3 Grds also used symbolic gestures of coughing and